

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO.	
						PD130808291623	
SPECIAL OPERATION		<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV/INF		JAIL NO.		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> WARRANT		FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state				COURT CASE NO.	
IDS NO.		AGENCY CODE: 30		MUNICIPAL P.D. DEF ID NO.		MDPD RECORDS AND ID NO.	
						STUDENT ID NO.	
						GANG ACTIVITY RELATED ARREST <input type="checkbox"/>	
						FRAUD RELATED ARREST <input type="checkbox"/>	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE)				ALIAS and / or STREET NAME			
MEDINA, DEREK VERNON							
DOB (MMDDYYYY)		AGE	RACE	SEX	<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	HEIGHT	WEIGHT
03/23/1982		30	W	M		6'02	200
					ETHNICITY	HAIR COLOR	HAIR LENGTH
						BRO	SHORT
						HAIR STYLE	EYES
						SHORT	BRO
						GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FACIAL HAIR
							BEARD
							TEETH
							NORM
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description)						PLACE OF BIRTH (City, State/Country)	
MULTIPLE TATTOOS: ARMS AND CHEST						FLORIDA	
LOCAL ADDRESS (Street, Apt. Number)				(City)	(State)	(zip)	PHONE
5555 SW 67 AVE #105				MIAMI	FLORIDA	33155	( )
PERMANENT ADDRESS (Street, Apt. Number)				<input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN	(City)	(State/Country)	(zip)
SAME AS LOCAL							PHONE
							( )
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS				(Street)	(City)	(State/Country)	(zip)
10 EDGEWATER DRIVE CORAL GABLES, FLORIDA 33134							PHONE
							( )
DRIVERS LICENSE NUMBER / STATE				SOCIAL SECURITY NO.		WEAPON SEIZED? Type	
FLORIDA DL#M350-178-82-103-0						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GUN	
						If Def. has Concealed Weapons Permit PERMIT # W- 43	
						INDICATION OF: Y N UNK Alcohol influence: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug influence: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
ARREST DATE (MMDDYYYY)		ARREST TIME (HHMM)		ARREST LOCATION (include name of business)			
08/08/2013				9105 NW 25 STREET (MDPD HEADQUARTERS)			
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE			
1.				<input type="checkbox"/> AT LARGE <input type="checkbox"/> CIV <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE			
2.				<input type="checkbox"/> AT LARGE <input type="checkbox"/> CIV <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MMDDYYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE			
3.				<input type="checkbox"/> AT LARGE <input type="checkbox"/> CIV <input type="checkbox"/> MISDEMEANOR			
JUV only	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care	(Name)	(Street, Apt. Number)	(City)	(State/Country)	(zip)	(Phone)
						( )	
CHARGES		CHARGE AS:	COUNTS	FIL STATUTE NUMBER	VIOL OF SECT	CODE OF	UDR
1. MURDER (FIRST DEGREE)		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD		782.04			
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
WARRANT TYPE OR TRAFFIC CITATION							
<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW							
<input type="checkbox"/> DW <input type="checkbox"/> WRIT							
CASE #							
<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW							
<input type="checkbox"/> DW <input type="checkbox"/> WRIT							
CASE #							
<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW							
<input type="checkbox"/> DW <input type="checkbox"/> WRIT							
CASE #							
<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW <input type="checkbox"/> PU <input type="checkbox"/> AW							
<input type="checkbox"/> DW <input type="checkbox"/> WRIT							
CASE #							
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:							
On the 08 day of AUGUST 2013 at 1145 (H:MM) at 5555 SW 67 AVE #105 (Narrative, be specific)							
(Location, include name of business)							
THE DEFENDANT VOLUNTARILY RESPONDED TO THE SOUTH MIAMI POLICE STATION AND ADVISED THE DESK OPERATOR THAT HE COMMITTED A MURDER BY SHOOTING HIS WIFE (VICTIM). MDPD AND SOUTH MIAMI POLICE OFFICERS TOOK THE DEFENDANT INTO CUSTODY AND RESPONDED TO THE ADDRESS THE DEFENDANT PROVIDED WHERE THEY DISCOVERED THE VICTIM DECEASED ON THE FLOOR IN THE KITCHEN AREA SUFFERING FROM MULTIPLE GUNSHOT WOUNDS. THIS INVESTIGATOR RESPONDED TO THE SCENE TO INITIATE THE DEATH INVESTIGATION. THE DEFENDANT WAS SUBSEQUENTLY TRANSPORTED TO THE MDPD HEADQUARTERS HOMICIDE BUREAU OFFICE WHERE HE PROVIDED A POST MIRANDA STATEMENT.							
PAGE 1 OF							
HOLD FOR OTHER AGENCY		VERIFIED BY		HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing)		I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes	
Name							
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		7518 30		SWORN TO A SUBSCRIBER BEFORE ME			
OFFICER'S COMPLAINT'S SIGNATURE		COURT NO NUMBER/LOC. CODE		THE UNDERSIGNED AUTHORITY THIS 2013			
J. GROSSMAN		MDPD		DAY OF AUGUST 08			
NAME (Printed)		AGENCY NAME		Deputy of the Court or Notary Public		You need not appear in court, but must comply with the instructions on the reverse side hereof	
						Signature of Defendant / Juvenile and Parent or Guardian	

OBT NUMBER		<b>COMPLAINT/ARREST AFFIDAVIT CONTINUATION</b>				POLICE CASE NO. <b>PD130808291623</b>	
JAIL NO.				COURT CASE NO.			
IDS NO.		AGENCY CODE <b>30</b>	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) <b>MEDINA, DEREK VERNON</b>						DOB (MM/DD/YYYY) <b>03/23/1982</b>	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 4				DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 5				DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
ADDITIONAL CHARGES		CHARGE AS	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UOR
5.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
6.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
7.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
8.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					

THE DEFENDANT ADVISED THAT HE WAS INVOLVED IN A VERBAL DISPUTE WITH THE VICTIM AT AROUND 10:00 A.M. THE DEFENDANT ADVISED THAT HE WAS INSIDE THE UPSTAIRS BEDROOM WHEN HE WENT TO THE CLOSET AND ARMED HIMSELF WITH A FIREARM. THE DEFENDANT ADVISED THAT HE THEN POINTED THE FIREARM AT THE VICTIM. THE DEFENDANT ADVISED THAT THE VICTIM THEN LEFT THE BEDROOM BUT RETURNED SEVERAL MINUTES LATER TO SAY SHE WAS "LEAVING HIM". THE DEFENDANT ADVISED THAT HE THEN FOLLOWED THE VICTIM DOWNSTAIRS AND CONFRONTED HER IN THE KITCHEN. THE DEFENDANT ADVISED THAT THE VICTIM BEGAN PUNCHING HIM SEVERAL TIMES WITH A CLOSED FIST. THE DEFENDANT ADVISED THAT HE THEN RETURNED UPSTAIRS AND ONCE AGAIN ARMED HIMSELF AND WENT BACK DOWNSTAIRS TO CONFRONT THE VICTIM. THE DEFENDANT ADVISED THAT AS HE WENT DOWNSTAIRS THE FIREARM WAS IN HIS RIGHT HAND, AT WHICH POINT, THE VICTIM ARMED HERSELF WITH A KNIFE. DEFENDANT ADVISED THAT HE WAS ABLE TO DISARM THE VICTIM BY TAKING THE KNIFE FROM HER AND PLACE IT IN THE KITCHEN DRAWER. DEFENDANT ADVISED THAT THE VICTIM BEGAN PUNCHING HIM AGAIN AT WHICH POINT HE DISCHARGED HIS FIREARM MULTIPLE TIMES INTO THE VICTIM. THE DEFENDANT ADVISED THAT HE KNEW THE VICTIM WAS DEAD ON THE SCENE. DEFENDANT ADVISED THAT HE THEN WENT AND CHANGED CLOTHES AND LEFT THE RESIDENCE. DEFENDANT ADVISED THAT AT NO POINT DID HE ATTEMPT TO CALL 911. DEFENDANT THEN WENT TO HIS FAMILIES RESIDENCE CONFESSING TO WHAT HE HAD DONE AND LATER TURNED HIMSELF IN TO THE POLICE.

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Name						<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS <b>08</b> DAY OF <b>AUGUST, 2013</b>					
OFFICER'S/COMPLAINANT'S SIGNATURE <b>J. GROSSMAN</b>		COURT ID NUMBER/LOC CODE <b>7518 30</b>		Deputy of the Clerk of the Court <i>[Signature]</i>		Signature of Defendant/Juvenile and Parent or Guardian _____	
NAME (Printed)		AGENCY NAME <b>MDPD</b>					


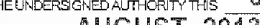
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IDS NO.		AGENCY CODE 30		MUNICIPAL P D DEF ID NO		MCPD RECORDS AND ID NO.			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) <b>MEDINA, DEREK VERNON</b>								DOB (MM/DD/YYYY) <b>03/23/1982</b>	
4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)				DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)				DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
6. ADDITIONAL CHARGES		CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:
6.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE II:
7.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE II:
8.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> RW <input type="checkbox"/> JW/PJ <input type="checkbox"/> AW <input type="checkbox"/> DW <input type="checkbox"/> WRIT CASE #:

DEFENDANT WAS ARRESTED AND TRANSPORTED TO THE TURNER GILFORD KNIGHT CENTER  
FOR PROCESSING.

COMPLAINT/ARREST AFFIDAVIT CONTINUATION -	2	2	2	2

BOOK REVIEW

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HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing)		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.	
Name: _____						<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT				SWORN TO AND SUBSCRIBED BEFORE ME			
		7518 30		THE UNDERSIGNED AUTHORITY THIS 08			
OFFICER/COMPLAINANT'S SIGNATURE		COURT ID NUMBER/LOC CODE		DAY OF AUGUST, 2013			
J. GROSSMAN		MDPD					
NAME (Printed)		AGENCY NAME		Deputy of the Clerk of Notary Public		Signature of Defendant / Juvenile and Parent or Guardian	